

2008-09 Third Grade Healthy Smiles – Healthy Growth Survey
Frequently Asked Questions About the Survey
Updated July 2, 2008

We do heights and weights at the same time we do school pictures, and this would be even easier for us. Does this work for you?

Although it may seem repetitious for us to take heights and weights again, we need to do it at each school that participates in the screening. Although many schools no longer weigh and measure children, the schools that still do it have different equipment and protocols making it difficult to compare data between schools.

For this study we will be able to have state and some county level estimates of weight status of New Hampshire's third grade students because the team of dental hygienists will be trained to take the same measurements on calibrated equipment provided at the time of the survey.

The survey has been designed so that after the children have their oral health screening they will be weighed and measured by the hygienist and all the information will be on one screening form. So even though you may have collected height and weight data for the third grade class participating in the screening, we will need to collect it again.

Parents in my school will want to know if the weight of their child could be used to deny his/her benefits for health insurance. Could a child be classified as high risk because of their weight status?

Individual height and weight data will be confidential. Rates of dental disease and weight status will be aggregated only at the county, regional and state levels, not at the level of the individual school or individual student. There will be no questions regarding insurance participation and no information shared with the Medicaid program.

We will develop a final report on the survey results describing county and regional rates of dental disease and weight status among third grade NH students. This report will be made public, but again, it will only have state or county/multi-county data estimates.

Our school already has a school based oral hygiene program that screens and provides dental services to our 2nd and 3rd grade students. It doesn't seem practical to accommodate both programs in the 2008-2009 school year. If it would be helpful for your data collection, we could provide heights and weights for our third grade students. Please let me know if you are interested in some alternative participation from our school.

We do not want to duplicate efforts and are working very hard to coordinate the two screenings to prevent duplication of services, as we are sensitive to time away from the classroom. In many schools, the dental hygienist collecting the Third Grade Survey oral health and BMI data is the same hygienist working in the school based program. It should be easy for her to collect dental data for both projects at one time and add the BMI component. We hope you consider participating in the Third Grade Survey along side

your school based dental program. The coordination of both services will require only two additional minutes to assess height and weights of third graders.

How can I be sure that children will be weighed and measured in a private manner?

Children will be weighed and measured one at a time either in the back of the classroom or right outside the classroom door in a manner that causes as little classroom disruption as possible.

The scale that children stand on does not display their weight. The weight is displayed on a digital screen placed where only the hygienist can see it. Height and weight information will not be spoken.

What information will be provided to parents?

Parents will only receive results from their child's oral health screening. The screener will complete the results sheet and put it in "goody bag" labeled with the child's first name. If a child's dental condition requires immediate attention, the dental hygienist will work with the school and the child's family to find dental treatment options.

Parents will not receive the results of their child's height and weight screening. All children will receive a fact sheet about healthy eating and physical activity, regardless of the child's weight.

Our school uses passive consent for surveys like this. Will that be a problem?

In order to calculate Body Mass Index (BMI) accurately we will need the date of birth for each third grade student measured for height and weight. The screening form will be provided in order for the school nurse to provide us with the students name, date of birth, and teacher. Following the screening the dental hygienist will only keep the bottom portion of the form with the birthdate, height, weight, and oral health screening results. The child's name, teacher, and classroom portion of the form will remain at the school.

Our school uses active consent for surveys like this. How will that work?

Screenings will be performed only on children that have returned the parent consent forms. This is the same form that will be used by the screener. The form indicates that parents can choose not to participate in the survey if that's their wish. Parents are also given the choice to participate in one part of the survey but not both. For example, parents can choose to have their child's height and weight measured, but not have their child's oral health assessed and vice versa.

Will the hygienist find dental treatment for children identified needing urgent care?

Hygienists working in the schools have built relationships with dentists and oral health programs and are often able to access care that would otherwise be difficult to coordinate. Hygienists will make every effort to find treatment, especially for children identified with urgent dental needs.

New Hampshire Department of Health and Human Services
“2008-09 Third Grade Healthy Smiles - Healthy Growth Survey”

Date

Dear Parent/Guardian:

Your child's 3rd grade class has been chosen to be in the New Hampshire Department of Health and Human Service's 2008-09 *Third Grade Healthy Smiles-Healthy Growth Survey*. Third grade classes in about 81 schools in the state have been chosen to be in the survey. The purpose of the survey is to gather information about height and weight status and dental needs of children in New Hampshire.

Your child will have a free two-minute oral screening. The screening consists of a brief visual inspection of the mouth to look for cavities and the use of dental sealants. A dental hygienist will perform the screening. Dental gloves will be worn, and a new disposable mirror will be used for each child. No other dental instruments will be used. Height and weight measurements will also be taken on each participating child. Privacy will be maintained when each child is weighed and measured. Results of your child's screening will be confidential, and your child will not be named in any report.

All children in the class will receive an oral health fact sheet, a toothbrush and toothpaste and information about healthy eating and physical activity. We will also send you the results of the dental screening. This screening, however, does not take the place of regular check-ups by your dentist.

Your child will be screened unless you notify the school that you do not want them to participate. You can also tell the school if you want your child to take part in one of the screenings, either oral health or height and weight.

As you know, a healthy smile and healthy weight are part of total wellness and make a child more ready to learn. By letting your child take part in this screening, you will contribute new information that may benefit New Hampshire's children. If you have any questions about the survey, please contact Nancy Martin at (603) 271-4535.

Sincerely,

Regina Flynn
Health Promotion Advisor

Nancy Martin
Oral Health Program Manager

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NH Department of Health and Human Services

For schools who use passive consent, this information needs to be filled out by the school and on hand for the day of the screening.

Child's <u>Last</u> Name:	Child's <u>First</u> Name:	Teacher's Name:	Room:
<input type="checkbox"/> Parents requested that their child NOT have his/her <u>teeth checked</u> .			
<input type="checkbox"/> Parents requested that this child does NOT have his/her <u>height and weight measured</u> .			

Child's Birthdate: (month / day / year)	Child's sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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FOR HEALTH SCREENER'S USE ONLY

Absent/UNC <input style="width:40px; height:25px;" type="text"/>	No dental consent <input style="width:40px; height:25px;" type="text"/>	
No obvious problems <input style="width:40px; height:25px;" type="text"/>	Need restorative care <input style="width:40px; height:25px;" type="text"/>	Need urgent care (pain or swelling) <input style="width:40px; height:25px;" type="text"/>
Sealants <input style="width:40px; height:25px;" type="text"/>	Untreated caries <input style="width:40px; height:25px;" type="text"/>	Caries experiences <input style="width:40px; height:25px;" type="text"/>
Height <input style="width:30px; height:25px;" type="text"/> <input style="width:30px; height:25px;" type="text"/> <input style="width:30px; height:25px;" type="text"/> inches	Weight <input style="width:30px; height:25px;" type="text"/> <input style="width:30px; height:25px;" type="text"/> <input style="width:30px; height:25px;" type="text"/> <input style="width:30px; height:25px;" type="text"/> pounds	No h/w consent <input style="width:40px; height:25px;" type="text"/>
Today's Date <input style="width:30px; height:25px;" type="text"/> <input style="width:30px; height:25px;" type="text"/> (month)	<input style="width:30px; height:25px;" type="text"/> <input style="width:30px; height:25px;" type="text"/> (day)	<input style="width:30px; height:25px;" type="text"/> <input style="width:30px; height:25px;" type="text"/> (year)
		<input style="width:30px; height:25px;" type="text"/> <input style="width:30px; height:25px;" type="text"/> (county)

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If you choose to let your child participate, he or she will have a free two-minute oral screening. The screening consists of a brief visual inspection of the mouth to look for cavities and the use of dental sealants. A dental hygienist will perform the screening. Dental gloves will be worn, and a new disposable mirror will be used for each child. No other dental instruments will be used. Height and weight measurements will also be taken on each participating child. Privacy will be maintained when each child is weighed and measured. Results of your child's screening will be confidential, and your child will not be named in any report.

All children in the class will receive an oral health fact sheet, a toothbrush and toothpaste and information about healthy eating and physical activity. We will also send you the results of the dental screening. This screening, however, does not take the place of regular check-ups by your dentist.

Participation is voluntary. Your child will be screened only if you return the attached form to your child's teacher indicating that you want your child to participate.

As you know, a healthy smile and healthy weight are part of total wellness and make a child more ready to learn. By letting your child take part in this screening, you will contribute new information that may benefit New Hampshire's children. If you have any questions about the survey, please contact Nancy Martin at (603) 271-4535.

Sincerely,

Regina Flynn
Health Promotion Advisor

Nancy Martin
Oral Health Program Manager

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Please answer the following questions. Your answers will remain private. If you do not wish to answer the questions, you may still give permission for your child to have his or her teeth checked and to be weighed and measured.

Child's <u>Last</u> Name:	Child's <u>First</u> Name:	Teacher's Name:	Room:
<input type="checkbox"/> <u>Yes</u> , I give permission for my child to have his/her <u>teeth checked</u> . <input type="checkbox"/> <u>No</u> , I do not give permission for my child to have his/her <u>teeth checked</u> .			
<input type="checkbox"/> <u>Yes</u> , I give permission for my child to have his/her <u>height and weight measured</u> . <input type="checkbox"/> <u>No</u> , I do not give permission for my child to have his/her <u>height and weight measured</u> .			
Signature of Parent or Guardian:		Date:	
Home Phone Number:()		Work Phone Number:()	
Child's Birthdate: (month / day / year)		Child's sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

1. Does your child qualify for free or reduced meals at school?
☐ Yes ☐ No ☐ Don't know/don't remember

2. On an average school day how many hours of TV does your child watch?
☐ Doesn't watch TV on school days ☐ 2 hours or less
☐ 3-4 hours ☐ 5 or more hours ☐ Don't know

3. On an average school day, how many hours does your child spend using a computer for games, email, etc. (do not count time spent on the computer doing homework)?
☐ Only uses the computer for homework ☐ 2 hours or less
☐ 3-4 hours ☐ 5 or more hours ☐ Don't know

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Absent/UNC <input style="width: 40px; height: 25px;" type="text"/>	No dental consent <input style="width: 40px; height: 25px;" type="text"/>	
No obvious problems <input style="width: 40px; height: 25px;" type="text"/>	Need restorative care <input style="width: 40px; height: 25px;" type="text"/>	Need urgent care (pain or swelling) <input style="width: 40px; height: 25px;" type="text"/>
Sealants <input style="width: 40px; height: 25px;" type="text"/>	Untreated caries <input style="width: 40px; height: 25px;" type="text"/>	Caries experiences <input style="width: 40px; height: 25px;" type="text"/>

Height <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> inches	Weight <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> pounds	No h/w consent <input style="width: 40px; height: 25px;" type="text"/>
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Today's Date <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> (month)	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> (day)	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> (year)
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		<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> (county)
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Date: ____/____/____

Child's Name: _____
(first name initial of last name)

Dear Parent or Guardian,

As a part of the 2008-09 *Third Grade Healthy Smiles - Healthy Growth Survey*, your child received a brief dental screening and/or a height and weight measurement at their school.

The dental screening indicates that:

- _____ Your child has no obvious dental problems, but should continue to have routine examinations by a dentist.
- _____ We did not see dental sealants on your child's permanent molars. Sealants are recommended for children to help prevent cavities. You may wish to discuss the use of sealants with your child's dentist.
- _____ Your child has some teeth which may be decayed and should be evaluated by your child's dentist.
- _____ Your child has some teeth which appear to need immediate care. Contact your child's dentist as soon as possible for a complete evaluation.

The dental screening does not replace a regular yearly examination performed by your child's dentist. If you do not have a dentist and need help obtaining dental care, you may contact Nancy Martin, Manager NH Oral Health Program at 1 (800) 852-3345 Ext. 4535 or 271-4635.

Thank you for allowing your child to participate in this screening.